

## Bill would shift clinics to KHPA

**By Dave Ranney**  
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TOPEKA — From their inception, the state's safety-net clinics have been funded, in part, by the Kansas Department of Health and Environment.

That may change soon.

Earlier this month, Sen. John Vratil, R-Leawood, introduced legislation that would put the clinics and their state funding — about \$7 million annually — under the umbrella of the Kansas Health Policy Authority.

The bill, he said, is meant to protect the clinics' funding and to send a message to KDHE.

"When asked to cut their budget by 10 percent, KDHE made it very clear they were going to cut the safety-net clinics, and they did that because they knew the Legislature wanted to preserve the safety-net clinics," Vratil said. "They were playing games with us and, quite frankly, we're tired of playing games with KDHE. So we'll just move the clinics to a different agency."

Vratil, an attorney, is vice chairman of the Senate Ways and Means Committee. The bill is expected to be in written form this week.

While the idea isn't new, the proposed move to the health policy authority caught most observers off guard.

"The concept has been talked about off-and-on for maybe a year or a year and half, so it's not new," said Cathy Harding, executive director at the Kansas Association for the Medically Underserved. "But for this to come up now, as quick as it did — I don't know that any of us saw it coming."

Suddenly, Harding said, KAMU, which represents the state's 38 safety-net clinics and their satellites, is being asked to choose between KDHE and the health policy authority.

"We don't have a position," she said. "By that I mean we could fit well with either agency. On one hand, KDHE is about public health and ensuring access to care; you can say we fit there. Then, on the other hand, KHPA is about the uninsured and the underinsured having access to care; we fit there, too. So, truly, you can see it from both sides."

KAMU, she said, wants to know more about the move and its consequences before taking a stand.

At the health policy authority, Executive Director Marcia Nielsen said the move would be "premature" since there has not been a thorough analysis of its impact on the clinics, KDHE or the health policy authority.

"I'd say this is very well-suited for an interim study," Nielsen said.

### **KDHE response**

KDHE Secretary Roderick Bremby likened the proposed move to a solution in search of a problem.

The Senate subcommittee charged with crafting KDHE's budget took steps to protect the clinics' funding after realizing that most of the state-funded portion of KDHE's budget is money passed on to local units of government.

Bremby said he had proposed cutting the clinics' \$7 million allocation by \$1 million only because he had nowhere else to turn.

"We are aware that that decision has led some to believe we had little value for that function, but nothing could be

further from the truth,” Bremby said.

“KDHE was one of the organizations that, some 20 years ago, helped create the safety-net clinic network we have now,” Bremby said, noting that early in this year’s budget-setting process, KDHE proposed an additional \$1 million for the clinics.

“I would also point out that the reduction we proposed was for capital equipment and IT,” he said. “It was not intended to reduce direct care.”

Last year, legislators set aside an additional \$2 million for the clinics, so that they would receive a total \$7 million a year in state assistance.

In any case, Bremby said, the budget subcommittee pulled the clinics’ \$7 million from KDHE’s base-budget.

“The sentiment was since these are intended to be pass-through dollars, let’s treat them like a grant,” he said. “So they’re no longer part of the base upon which we’re applying reductions.”

That, supposedly, would protect the clinics’ funding from the base budget cuts ordered for KDHE by the governor and legislators as they try to balance the overall state budget.

Still, several key legislators have expressed interest in the idea of putting the clinics under the health policy authority.

“Most people think it’s a good idea to at least review the possibility of moving the safety-net clinics and the public health responsibilities out from under KDHE, but only after a careful review – not in a rushed fashion,” said Sen. Laura Kelly, D-Topeka, a member of the KDHE budget subcommittee. “There needs to be a thoughtful approach rather than just yanking it.”

The discussion, Kelly said, has been legislator-driven.

“The health policy authority isn’t asking for this,” she said.

Sen. Vicki Schmidt, R-Topeka, also serves on the KDHE budget subcommittee.

“I think safety-net clinics would be a perfect fit for KHPA,” Schmidt said. “Since so many of the people who show up at the clinics are eligible for Medicaid or their kids are eligible for HealthWave. It’s just a good match.”

In Kansas, the health policy authority is charged with administering the state’s Medicaid and HealthWave programs. It also oversees the state employees’ health insurance plans.

In his role as chairman of the House Social Service Budget Committee, Rep. Bob Bethell, R-Alden, led the House initiative last year to add \$2 million to the clinics’ then-\$5 million budget.

“It’s probably a good idea,” Bethell said, referring to the move to the health policy authority. “The safety-net clinics are part of the answer of providing good access to care for all Kansans, and the best place for them to be, I think, would be in the policy agency that deals with health and health policy.”

KDHE, Bethell said, is more “regulatory in nature.”

#### **‘Little benefit’**

Barbara Gibson, a former director of KDHE’s primary care section, said she sees “little benefit” in putting the health policy authority in charge of administering the clinics’ grants.

“If this is just about control of the money, there’s no reason the grant program can’t be moved,” Gibson said. “It would

not be automatically disruptive.”

But it would be a mistake, she said, to separate the clinics from KDHE's primary care programs — aid and support for county health departments, for example, or the WIC (Women, Infants and Children) nutrition program, the migrant and seasonal farm worker program.

“KDHE is about prevention, health promotion and personal responsibility — getting the most vulnerable populations to take better care of themselves,” Gibson said. “So many of these issues affect either the clinics or the people they serve, it makes sense to keep them together — that’s why they’re together.”

Moving these programs and services to the health policy authority, she said, could cause problems.

“I guess it depends on what you think KHPA’s role is,” Gibson said. “I’ve always thought they were about policy and coordinating of purchasing power that comes with putting Medicaid, HealthWave and the state employees’ health insurance in the same agency. I don’t see them getting into the service-delivery business; they’re policy people.

“KDHE is part of the service-delivery system,” she said. “That’s a lot of what it does.”

### **‘Unintended consequences’**

Clinic officials aren’t sure what to make of the debate.

“I’ll be honest with you, when the safety-net clinics heard about KDHE’s proposed budget cut there was a lot of concern as to KDHE’s perceived support for the program,” said Krista Postai, executive director at the Community Health Center of Southeast Kansas in Pittsburg.

“Whether it was intentional or not, it really sent a message to those of out in the field that somebody at KDHE didn’t understand how desperate things are out here,” Postai said. “And for the Legislature to stand up and pull the funds off the table — that was a tremendous show of support.”

Now, Postai said, the clinics are worried about the “unintended consequences” that may accompany a move to the health policy authority.

“You know, this looks pretty simple,” she said, “but as we’ve all come to realize, once you get into something that looks pretty simple, it can get complicated in a hurry.”

Postai is president of the KAMU board of directors.

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